

**APPLICATION FOR RADIOACTIVE MATERIAL LICENSE  
PORTABLE XRAY FLUORESCENCE ANALYZER  
FOR THE DETECTION AND ANALYSIS OF LEAD IN PAINT ON SURFACES  
MASSACHUSETTS RADIATION CONTROL PROGRAM  
SCHRAFFT CENTER, SUITE 1M2A  
529 MAIN STREET, CHARLESTOWN, MA 02129  
(617) 242-3035 FAX (617) 242-3547**

**INSTRUCTIONS:** Complete all items in this application for a new license or renewal of an existing license. Use supplemental sheets where necessary. Prepare three copies of this application and of all attachments and supplements. Mail two copies to the address above and retain the third copy. Upon approval of this application, the applicant will receive a Massachusetts Radioactive Materials License issued in accordance with the general requirements of the Code of Massachusetts Regulations chapter 105 section 120: To Control the Radiation Hazards of Radioactive Material and of Machines Which Emit Ionizing Radiation.

**1.A. NAME AND ADDRESS OF APPLICANT**  
(Institution, Firm, Individual Owner, etc.)

Phone Number:

**1.B. STREET ADDRESS AT WHICH LICENSED DEVICES WILL BE STORED.**

**2.A. RADIATION SAFETY OFFICER** (or sole user)

E-mail (optional):

**2.B. TRAINING OF RSO** or sole user (name of trainer, date of certificate, other training and experience)

**3.A. ADDITIONAL USERS**

**3.B. TRAINING** (name of trainer, date of certificate)

**4. DESCRIPTION OF PORTABLE X-RAY FLUORESCENCE DEVICES:**

Manufacturer	Model	Serial Number	Source isotope	Source (mCi)	Acquisition date

**5. TOTAL NUMBER OF DEVICES TO BE LICENSED FOR STORAGE AS INDICATED IN ITEM 1B:**

**6. PHYSICAL SECURITY:** On an attached sheet, please indicate how the licensed devices will be kept secure (1) in the place of storage, (2) during transportation to and from sites, and (3) during use and sequestration at the site of use. For residential storage describe special precautions.

**7. EMERGENCY PROCEDURES:**

**ITEM 8. CERTIFICATE  
(This Item must be completed by Applicant)**

THE APPLICANT AND ANY OFFICIAL EXECUTING THIS CERTIFICATE ON BEHALF OF THE APPLICANT NAMED IN ITEM 1, CERTIFY THAT THIS APPLICATION IS PREPARED IN CONFORMITY WITH THE MASSACHUSETTS REGULATIONS 105 CMR 120, AND THAT ALL INFORMATION CONTAINED HEREIN, INCLUDING ANY SUPPLEMENTS ATTACHED HERETO, IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
(TYPE OR PRINT NAME OF CERTIFYING OFFICIAL)

BY: \_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(TITLE OF CERTIFYING OFFICIAL)

DATE: \_\_\_\_\_